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Actual

Estimated

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SEC 1972 (6-02) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice. **OMB APPROVAL** UNITED STATES OMB Number: 3235-0076 **C**OMMISSION SECURITIES AND EXCHANGE April 30, 2008 Expires: Washington, D.Q Estimated average burden hours per form 16.00 SEC USE ONLY Prefix Serial NOTICE OF SALE OF SEC PURSUANT TO REGULATION DATE RECEIVED **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.) Red Leaf Resources, Inc. Filing Under (Check box(es) that apply): ☐ Rule 504 □ ULOE ☐ Rule 505 Rule 506 □ Section 4(6) Type of Filing: ■ New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Red Leaf Resources, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 801-878-8100 6985 Union Park Center, #375, Cottonwood Heights, UT 84047 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Holding company of interests in exploration and mining companies Type of Business Organization ☐ limited partnership, already formed other (please Ascellar): business trust ☐ limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization:

GENERAL INSTRUCTIONS Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15U.S.C. 77d(6)

CN for Canada; FN for other foreign jurisdiction)

Month

1 2

Year

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date is was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Red Leaf Manager, LLC **Business or Residence Address** (Number and Street, City, State, Zip Code) 6985 Union Park Center, Suite 375, Cottonwood Heights, UT 84047 ☐ General and/or Check Box(es) that Apply: Promoter ■ Beneficial Owner □ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Concord Natural Resources, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 11890 N. Athena Dr., Highland, UT 84003 Beneficial Owner ■ Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Dana, Todd **Business or Residence Address** (Number and Street, City, State, Zip Code) 6985 Union Park Center, Suite 375, Cottonwood Heights, UT 84047 ☑ Director □ General and/or Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner □ Executive Officer Managing Partner Full Name (Last name first, if individual) Greene, Matthew Business or Residence Address (Number and Street, City, State, Zip Code) 6985 Union Park Center, Suite 375, Cottonwood Heights, UT 84047 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ■ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Patten, James Business or Residence Address (Number and Street, City, State, Zip Code) 6985 Union Park Center, Suite 375, Cottonwood Heights, UT 84047 ☐ General and/or Check Box(es) that Apply: ☐ Promoter □ Director ■ Beneficial Owner □ Executive Officer Managing Partner Full Name (Last name first, if individual) Bocock, Alexander Business or Residence Address (Number and Street, City, State, Zip Code) 546 Perrys Hollow Road, Salt Lake City, UT 84103 Check Box(es) that Apply: ☐ Promoter □ Director ☐ General and/or Managing Partner

Business or Residence Address

Gunsight Partners, LLC

Full Name (Last name first, if individual)

(Number and Street, City, State, Zip Code)

546 Perrys Hollow Road, Salt Lake City, UT 84103

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☑ Director ☐ General and/or Beneficial Owner ■ Executive Officer Managing Partner Full Name (Last name first, if individual) Bunger, James W. **Business or Residence Address** (Number and Street, City, State, Zip Code) 6985 Union Park Center, Suite 375, Cottonwood Heights, UT 84047 ☐ General and/or Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) ☐ General and/or ☐ Beneficial Owner ☐ Executive Officer □ Director Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Business or Residence Address

Full Name (Last name first, if individual)

□ Promoter

□ Beneficial Owner

(Number and Street, City, State, Zip Code)

□ Executive Officer

□ Director

☐ General and/or Managing Partner

				B. I	NFORMA	TION AB	OUT OFF	ERING					
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i. Has t	ne issuer so	old, or does			ell, to non- o in Append					***************************************			X
2 What	ic the mini	imum inuae						-		***************************************		\$N/A	
Z. What	is me min	iiiiuiii iiives	suncm mai	wiii de acc	epied from	any murvi	uuar:			*****************	**********	Yes	1 No
3. Does	the offerin	g permit jo	int ownersh	nip of a sin	gle unit?		*						X
comn a pers states	nission or s son to be li s, list the n	imilar remisted is an a	uneration fo associated p broker or	or solicitat person or a dealer. If	ion of purcingent of a b	hasers in co roker or do five (5) pe	onnection vealer registers to be	vith sales o ered with tl	f securities he SEC and	or indirect in the offer d/or with a persons of	ring. If		
Full Nam	ne (Last nar	ne first, if i	ndividual)										
None.							_						
Business	or Residen	ice Address	(Number a	and Street,	City, State	Zip Code)						
													
Name of	Associated	Broker or	Dealer										
States in	Which Per	son Listed	Has Solicite	ed or Inten	ds to Solic	it Purchase	rs						
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Business	or Residen	ice Address	(Number a	ind Street,	City, State.	, Zip Code)						
Name of	Associated	Broker or	Dealer										
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States in	Which Per	son Listed	Has Solicite	ed or Inten	ds to Solici	it Purchase	rs						
(Check	c "All State	s" or check	individual	States)						*****************		□ All S	States
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Business	or Residen	ice Address	(Number a	ind Street,	City, State.	Zip Code)				,		
Name of	Associated	Broker or	Dealer	·									
States in	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solic	it Purchase	rs						
(Check	k "All State	s" or check	individual	States)	••••••							□ All S	States
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(Use Blank sheet, or copy and use additional copies of this sheet as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$-0-	\$ <u>-0-</u>
	Equity	\$25,000,000	\$1,699,990.02
	☑ Common □ Preferred		
	Convertible Securities (including warrants)	\$ <u>-0-</u>	\$-0-
	Partnership Interests	\$ <u>-0-</u>	<u>\$-0-</u>
	Other (Specify)	\$ <u>-0-</u>	\$-0-
	Total	\$25,000,000	\$ <u>1,699,990.02</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	5	\$ <u>1,699,990.02</u>
	Non-accredited Investors	-0-	\$ <u>-0-</u>
	Total (for filings under Rule 504 only)	N/A	\$N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12)		
	months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	N/A	\$N/A
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$ <u>N/A</u>
	Total	N/A	\$ <u>N/A</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	X	\$ <u>-0-</u>
	Printing and Engraving Costs	X	\$-0
	Legal Fees	🗵	\$50,000
	Accounting Fees		\$9,000
	Engineering Fees		\$-0-
	Sales Commissions (specify finders' fees separately)		\$-0-
	Other Expenses (identify) Blue sky fee		\$ <u>100</u>
	Total	ſĊΊ	\$50 100

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND	USE	OF PROCEI	DS	
	b. Enter the difference between the aggregate of Question I and total expenses furnished in responsible "adjusted gross proceeds to the issuer."	se to Part C - Question 4.a. This difference	e is	\$ <u>24,</u>	940, <u>9</u>	00
5.	Indicate below the amount of the adjusted gross p used for each of the purposes shown. If the amou estimate and check the box to the left of the estin equal the adjusted gross proceeds to the issuer se above.	ant for any purpose is not known, furnish mate. The total of the payments listed m	an iust			
	accive.			Payments to Officers, Directors, Affiliates	Š.	Payments To Others
	Salaries and fees		X	\$ <u>-0-</u>	X	\$_0-
	Purchase of real estate		X	\$ <u>-0-</u>		\$ <u>-0-</u>
	Purchase, rental or leasing and installation of ma	achinery and equipment	X	\$ <u>-0-</u>	×	\$ <u>-0-</u>
	Construction or leasing of plant buildings and fa	cilities	X	\$ <u>-0-</u>	X	\$ <u>-0-</u>
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	sets or securities of another	⊠	\$- 0-	Œ	\$-0-
	Repayment of indebtedness			\$-0-	÷'	\$ <u>-0-</u>
	Working capital			\$-0-		\$24,940,900
	Other (specify):			\$_0-		\$-0-
			X	\$ <u>-0-</u>	X	\$-0-
	Column Totals		X	\$ <u>-0-</u>	X	\$
	Total Payments Listed (column totals added)			🗵 \$ <u>24,9</u>	<u>40,90</u>	0
_		D. FEDERAL SIGNATURE				
fol	e issuer has duly caused this notice to be signed b lowing signature constitutes an undertaking by the i its staff, the information furnished by the issuer or a	ssuer to furnish to the U.S. Securities and	Excha	inge Commissi	ion, u	pon written request
	suer (Print or Type) Red Leaf Resources, Inc.	Signature		[Date /	129/02
	ame of Signer (Print or Type) Codd Dana	Fitte of Signer (Print or Type) Chief Operating Officer and	Sec	retary	<i></i>	

E. STATE SIGNATURE 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions No Yes \boxtimes of such rule? See Appendix, Column 5, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Red Leaf Resources, Inc. Name (Print or Type)

Chief Operating Officer and Secretary

Instruction:

Todd Dana

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2	2	3		5				
	Intend to sell to non-accredited investors in State (Part B - Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ									
DE									
DC									
FL		Х	\$25,000,000 Common Stock	1	\$99,998.27	-0-	-0-		X
GA									
HI			<u></u>						
ID							***************************************		
IL		х	\$25,000,000 Common Stock	1	\$99,998.27	-0-	-0-		X
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APPENDIX

1		2	3		5				
	Intend to sell to non-accredited investors in State (Part B - Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No_
МТ									
NE									
NV									
NH									
NJ		х	\$25,000,000 Common Stock	3	\$1,499,993.48	-0-	-0-		X
NM									
NY									· ·
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